



United States
Environmental Protection Agency
Washington, DC 20460



**Registration
Amendment
Other**

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 1258-1330	2. EPA Product Manager Zeno Bain	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) AW03A Technical	PM# 33	
5. Name and Address of Applicant (Include ZIP Code) Arch Chemicals, Inc. 1200 Bluegrass Lakes Parkway Alpharetta, GA 30004 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section II

<input type="checkbox"/> Amendment - Explain Below	<input type="checkbox"/> Final printed labels in response to Agency Letter dated _____.
<input type="checkbox"/> Resubmission in response to Agency Letter dated _____.	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification to update production facilities per PR Notice 98-10

This notification is consistent with the provisions of PR-Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Joanna Holcombe Date: 12/4/2018

Section III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted.		If "yes," Unit Package wgt.	No. per container	If "Yes," Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) of Retail Container Various		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other (_____)			

Section IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Joanna Holcombe	Title Regulatory Specialist	Telephone No. (Include Area Code) 678-624-5886
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature <i>Joanna Holcombe</i>	3. Title Regulatory Specialist	
4. Typed Name Joanna Holcombe	5. Date 12/4/2018	